SLED-NET
APPLICATION FORM

Applicant Information (All information must be completed. Please type or print clearly)

Name (Last, First, MI)_____Mother's Maiden Name_____

Male ☐   Female ☐

Agency/Organization_____Business Phone(   )_____
                                                    Extension_____

Rank/Position_____Fax Number(   )_____

Street Address_____

City/State/Zip/County_____

Date of Birth_____Social Security Number_____

E-mail Address_____Account # (if established)_____
                                                    (Non-criminal Justice Agencies Only)

Warning/Terms/Conditions: SLED-NET is an official SC Government System for authorized use only. Access to SC criminal history record information and other data must be in accordance with all applicable laws, rules and regulations. SLED reserves the right to deny or terminate access at anytime with or without notice.

Certification:

I hereby certify that I am an authorized member of the _____described
                                                    (Agency/Organization Name)
above in this application and that I understand the requirements set out above and agree to abide

by those requirements. Signed_____.
                                                    (Applicant)
I certify that the above-names individual is an authorized member of the_____

(Agency/Organization Name)
and it is authorized to have on-line access to SLED Database/Communications Switches via remote access.

Signed_____   Title_____

For Approval Use Only
Approved/Processed by:_____ - _____
                                    (Signature)   (Date)

RETURN APPLICATION TO: SLED INFORMATION TECHNOLOGY
                    P. O. BOX 21398
                    COLUMBIA, SC 29221-1398
                    FAX: (803) 896-7218   CJ-033